

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

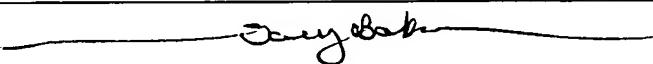
used for all correspondence after initial filing)

| | | | |
|--|--|------------------------|----------------------|
| | | Application Number | 10/575,991 |
| | | Filing Date | April 13, 2006 |
| | | First Named Inventor | Lital Alfonta |
| | | Group Art Unit | 1656 |
| | | Examiner Name | Kagnew H. Gebreyesus |
| Total Number of Pages in This Submission | | Attorney Docket Number | 54-000711US |

ENCLOSURES (check all that apply)

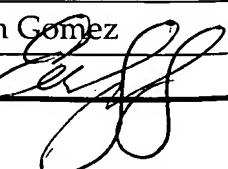
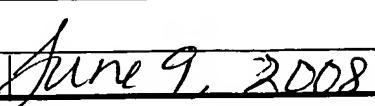
| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Response | <input type="checkbox"/> Licensing-related Papers | <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> receipt acknowledgment postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Small Entity Statement | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| <p>Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.</p> | | |
| <p>Remarks</p> | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------------|--|
| Firm or Individual name | Gary Baker, Reg. No. 41,595, Quine Intellectual Property Law Group P.C. |
| Signature |  |
| Date | June 9, 2008 |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DC 20231 on this date:

| | | |
|-----------------------|---|--|
| Typed or printed name | Evelyn Gomez | |
| Signature |  | Date  |

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4816).

FEE TRANSMITTAL

For FY 2008

JUN 11 2008

RECEIVED
U.S. PATENT AND TRADEMARK OFFICE Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 630.00)

Complete if Known

| | |
|----------------------|----------------------|
| Application Number | 10/575,991 |
| Filing Date | April 13, 2006 |
| First Named Inventor | Lital Alfonta |
| Examiner Name | Kagnew H. Gebreyesus |
| Art Unit | 1656 |
| Attorney Docket No. | 54-000711US |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): Deposit Account

Deposit Account Deposit Account Number: 50-0893 Deposit Account Name: Quine Intellectual Property Law Group, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description Small Entity Fee (\$)

Each claim over 20 (including Reissues) 50 25Each independent claim over 3 (including Reissues) 210 105Multiple dependent claims 370 185

| | | | | |
|---------------------|---------------------|-----------------|----------------------|--------------------------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
| _____ - 20 or HP = | _____ x _____ = | _____ | _____ | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> |

HP = highest number of total claims paid for, if greater than 20.

| | | | | |
|----------------------|---------------------|-----------------|----------------------|--------------------------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> |
| _____ - 3 or HP = | _____ x _____ = | _____ | _____ | _____ - _____ - |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ - 100 = | _____ / 50 = | (round up to a whole number) x _____ = | _____ | _____ |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Other: Notice of Appeal _____

510

Other: Request for extension of time _____

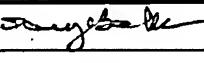
120

Other: _____

Other: _____

Other: _____

SUBMITTED BY

| | | | | | |
|-------------------|---|--------------------------------------|--------|-----------|--------------|
| Signature |  | Registration No. (Attorney/Agent) | 41,595 | Telephone | 510 269-3510 |
| Name (Print/Type) | Gary Baker | | | Date | June 9, 2008 |